

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10596797</div>		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3					
Total Depend	16					
Total Claims	19					